PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999									Application of Docket Number (1997)					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								\$	SMALI TYPE	ENTITY	OR	OTHE	R THAN ENTITY	
F	OR		NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE	
BASIC FEE									345.00	OR		690.00		
TOTAL CLAIMS			21	minus	20= - 31			X\$ 9=			OR	X\$18=	278	
INDEPENDENT CLAIMS			3 . minus 3 =				H	X39=		-		-20		
MI	JLTIPLE DEPE	NDENT (	CLAIM PRESENT								OR		<del> </del>	
• H	* If the difference in column 1 is less than zero, enter *0" in column 2								130=		OR	+260=		
								T	OTAL		OR	TOTAL	1918	
						(Column 3)	s	MALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		REM/	UMS UNING TER DMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 3		Minus	••	51.	-	>	<b>(\$ 9=</b>		OR	X\$18=		
AME	Independent	· 3	)	Minus	DENI	<u>3</u>	-/-		(39-		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							T	130=		OR	+260=		
								_	TOTAL			TOTAL	1	
		(Colu	mn 1)	3-7-05	(0	olumn 2)	(Column 3)	AUC	IT. FEE		J -·· /	ADDIT. FEE		
AMENDMENT B					PR	HIGHEST NUMBER NEVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 5	_/	Minus	••	51	•	X	\$ 9=		OR	X\$18=		
	Independent	ئيا	3	Minus	•••	.3	•	×	39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+260=		
					•		•	<u> </u>	TOTAL			TOTAL		
		(Colur	nn 1)		(C	olumn 2)	(Column 3)	ADD	IT. FEE	<u></u>	,	VDDIT, FEE		
		CLA REMA AFT AMEND	IMS INING ER		H PR	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	. ••		=	X	\$ 9= ·	77	OR	X\$18=		
	Independent	•		Minus	•••		•	$\vdash$	39=			X78=		
1	FIRST PRESE	NTATION	OF ML	LTIPLE DEP	END	ENT CLAIM		$\vdash$	30=		OR	A/0=		
• 16	of the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=		
<b>~</b> II	" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT, FEE		
Ť	he "Highest Num	ber Previo	usly Pak	For (Total or	Indep	endent) is the	highest number t	ound in	the ap	propriate box	in colu	mn 1.		

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FORM PTO-875 (Flov. 12/99)

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